

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>323924</i>	FILING DATE		
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1)						51			
2		1					52			
3	1						53			
4		1					54			
5							55			
6		1					56			
7	1						57			
8		1					58			
9		1					59			
10		1					60			
11		1					61			
12							62			
13							63			
14							64			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	(3)						TOTAL IND.			
TOTAL DEP.	9						TOTAL DEP.			
TOTAL CLAIMS	12						TOTAL CLAIMS			